



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
ATTN: DATA EXCHANGE SERVICES MS A-10
PO BOX 942840
SACRAMENTO CA 94240-6090
(916) 845-3778

Request for Extension to File Information Returns

Firm Name:		Date:
Mailing Address:		Federal EIN:
City/State/ZIP Code:		Waiver Request for Tax Year: _____
Contact Name:	Title:	Telephone Number: ()

I request a _____ day extension past the filing deadline to file information returns on cartridge, diskette, or CD.

Note: Request must not exceed 90 days.

Request involves return types:

1098	1099	5498	W-2G
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly explain your need for an extension:

The approval of this extension is only for the filing of information returns to the Franchise Tax Board. The payer/employer is still obliged to provide payees/employees with their paper return copies postmarked by the prescribed due dates of May 31 for Form 5498 and January 31 for all other information returns. If the corresponding due date falls on a Saturday, Sunday, or legal holiday, the due date is extended to the next business day.

I declare that I have examined this form, including any accompanying statements, and, to the best of my knowledge and belief, it is true, correct and complete.

Signature:	Title:	Date:
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